

introduction of medicaments into the body as a base for iodine and iodide of potassium ointment. Mercurial ointment prepared with this base is well adapted to the treatment of syphilis.

THE TREATMENT OF LUPUS.

In a paper read before the Dermatological Society of Great Britain and Ireland (*British Journal of Dermatology*, November, 1894), STOPFORD TAYLOR presents the following conclusions based on an experience in 250 cases of lupus vulgaris:

1. Excision should no longer be practised, except when lupus attacks a finger or toe and has proved rebellious to other treatment.
2. Scraping and cauterization with chemical caustics is the most satisfactory method of treating lupus of the trunk, extremities, and mucous membranes, and this plan may also be applied to the face when the disease is of trifling extent.
3. Scraping followed by the use of the thermo-cautery is quick, thorough, and efficacious, and has answered admirably in suitable cases of facial lupus, whether large or small areas have had to be dealt with.
4. Linear scarification is the remedy *par excellence* for extensive lupus of the face, where mutilation and scarring have to be avoided.

INFANTILE SYPHILOID DUE TO PITYRIASIS VERSICOLOR.

At a *séance* of the *Société Française de Dermatologie et de Syphiligraphie*, held July 12, 1894, MM. FOURNIER and SABOURAUD reported a case of pityriasis versicolor of great interest from a diagnostic point of view. The patient was an infant, six weeks old, remarkably small and emaciated, having all the appearances of being the subject of hereditary syphilis. The lower extremities were covered with an eruption, confluent and arranged circinately, the general appearance at once awakening the suspicion of syphilis; and in fact, all who saw the infant regarded it as such. The eruption had commenced fifteen days after birth. At first it was limited to the ankles under the form of pustules, which became the centre of round red plaques. Suddenly it invaded the legs, and above all the thighs; in four days the whole external face of both thighs was covered with large red sheets, some of them rounded, others annular. The eruption was composed principally of erythematopapular elements with whitish-gray centre. Of these elements the most represented circles of the diameter of a lentil to that of a 50-centime piece, even a franc. Some were isolated; the majority, however, by the coalescence of adjoining patches, formed plaques with polycyclic contents, one upon the upper part of the thigh being formed of four circles. Here and there were some very small papular elements upon which the epidermis was beginning to be elevated. Two peculiarities attracted attention: First, the color of the eruption. This color, at the periphery of the patches, was a bright red, florid, congestive, inflammatory, which disappeared upon pressure; it recalled the tint of certain erythemata.

Second, the central portions of some of these eruptive disks upon which one noticed the following: excentrically, a circular zone of a bright-red,

which included a central portion, desquamating and ashy-gray in color, recalling the surface of sand-paper. Apart from the eruption there were no other evidences of syphilis; nor did careful examination disclose any signs of this disease in either of the parents. In examining the mother of the infant several patches of *tinea versicolor* were found on the thorax and between the breasts. At the time of examining some of the scales from these patches scales from the lesions upon the infant were examined, and, to the great surprise of the reporters, spores and mycelium similar to those present upon the mother were found.—*Annales de Dermatologie et de Syphiligraphie*, 1894, No. 7.

OBSTETRICS.

UNDER THE CHARGE OF

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PERFORATION OF THE AFTER-COMING HEAD IN DIFFICULT CASES.

A case in which great difficulty was experienced at delivery by reason of the large size of the fetus is described by DEMMER (*Centralblatt für Gynäkologie*, 1894, No. 45). The patient had lost children in previous confinements, and the size of the fetus was such that although the body was delivered in breech presentation, the head could not be brought to the pelvis; as the child had perished, it was necessary to perform craniotomy upon the after-coming head. The operator introduced the fingers into the mouth of the child, and then drew the lower jaw strongly down with a blunt hook; he then passed a trephine through the mouth directly to the base of the skull, and opened the cranium. The trephine was then removed, and the blunt hook introduced into the aperture made by it; the brain broken down, and the head pulled down by the hook and delivered with comparative ease. The head was very large and hard; the length of the child was 62 cm. The mother made an excellent recovery.

THE DISINFECTION OF THE HANDS, WITH A BACTERIOLOGICAL STUDY OF THE EFFICIENCY OF VARIOUS METHODS.

In a recent criticism upon the instructions given to midwives, in their text-books, regarding the cleansing of their hands, ZWEIFEL (*Centralblatt für Gynäkologie*, 1894, No. 47) criticises adversely the recommendation to use